COMPLETED WORK REPORT Extended Year for Special Educators - Special Educator Stipends

District/Charter School:	
Name of Special Educator:	
☐ Special Education Teacher (Preschool)☐ Special Education Teacher (School Age)☐ Speech-Language Pathologist	
☐ I have worked the following days (within two weeks) before the Dates:	e first contract day:
I have worked the following days (within two weeks) after the Dates:	last contract day:
☐ I am in a year-round school and have worked the following off-track days: Dates:	
During my extended year days, I performed the following types of duties: (Please check all that apply)	
☐ IEP related duties	
Records maintenance	
File preparation	
Report preparation	
Assessment related duties	
Conferring with parents	
Other paperwork related to the implementation of IDEA	
Special Educator's Signature:	Date:
Principal's Signature:	Date:

Utah State Office of Education – 250 E 500 S – PO Box 144200 – Salt Lake City UT 84114-4200

Optional form for district/charter school use; not to be submitted to the USOE